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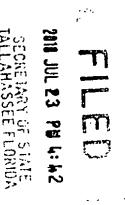
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co				
Intercoast	al LeTip LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Jonathan Newman			
		Name of Person		
	The Newman Group, Inc.			
	Firm/Company			
	6803 Lake Worth Rd, STI	E 305		
	··	Address		
	Lake Worth, FL 33467			
		City/State and Zip Code	.	
	jnewman@newmanadvisor		Þ	28 m
	E-mail address: (to be used for future annual report notif	ication)	常こ
For further information	concerning this matter, please c	all:	± >>	
Jonathan Newman		561 642-6999 at ()	SEE	
Name	of Person		Telephone Number	U)
Enclosed is a cheek for	the following amount:		<u></u> `	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en-	tus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Intercoastal LeTip LLC					
(Name of the Limited	l Liability Compa A Florida Limited l	ny as it now appears on our records.) Liability Company)			
he Articles of Organization for this Limited Lia	bility Company	were filed on 11/29/2017 and assigned			
lorida document number 1.17000245144	<u>.</u>				
nis amendment is submitted to amend the follow	ving:				
. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:			
	<u> </u>				
te new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "E.I.C" or the abbreviation "L.IC."			
nter new principal offices address, if applica	ble:	6803 Lake Worth Rd, STE 305			
Principal office address MUST BE A STREET ADDRESS)		Lake Worth, FL 33467			
		· · · · · · · · · · · · · · · · · · ·			
nter new mailing address, if applicable:		6803 Lake Worth Rd. STE 305			
Mailing address MAY BE A POST OFFICE BOX)		Lake Worth, FL 33467			
					
lf amending the registered agent and/o gistered agent and/or the new registered offi		ffice address on our records, <u>enter the name of the</u>			
Name of New Registered Agent:	Jonathan Newr				
New Registered Office Address:	6803 Lake Wo	rth Rd, STE 305			
		Enter Florida street address			
	Lake Worth	, Florida 3346 吳美 🕏 🐧			

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Roy Assad	319 Clemastis Street	
		West Palm Beach, FL 33401	Remove
			Change
Treasurer	Amber Silvey	10725 Bitternut Hickory Lane	
		Boynton Beach, FL 33437	□ Remove
			Change
MGR	Jonathan Newman	6803 Lake Worth Rd, STE 305	■ Add
		Lake Worth, FL 33467	□ Remove
			Change
			AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
		·	JULE 3 PALAH ARSSEE FOLLAH ARS
			ORI STATE
			Change
			Remove
			□ Change

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					F 5 741
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ective date, if other than the effective date is listed, the date in	iust be specific and cannot		ing or more than 90 day		
te: If the date inserted in this cument's effective date on the			ory ming requirement	s, this date will no	ot be fisted a
record specifies a delay the 90th day after the re		but not an effe	ctive time, at 12	:01 a.m. on th	e earlier i
July 19th	201	8 .			
					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00